

CitizenAudit.org

Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning **5/01/04**, and ending **4/30/05**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GREEN ISLE FOUNDATION, INC.		D Employer identification no. 59-2875235
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1375 COUNTY ROAD 565A		E Telephone number
		City or town, state or country, and ZIP + 4 CLERMONT FL 34711		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **N/A**

J Organization type (check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **786,859**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att a list. See instr.)

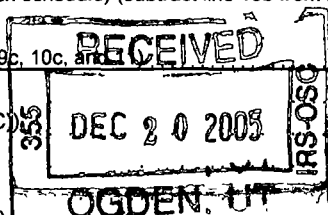
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number **▶****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	472,900	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 472,900 noncash \$)	1d	472,900	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	166,016	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	484	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a	14,000	
c Gain or (loss) (attach schedule)	8b	22,418	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-8,418	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		See Stmt 1	8d -8,418
a Gross revenue (not including \$ of contributions reported on line 1a)	9a	13,266	
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	13,266	
10a Gross sales of inventory, less returns and allowances	10a	120,193	
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	120,193	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	764,441	
13 Program services (from line 44, column (B))	13	630,613	
14 Management and general (from line 44, column (C))	14	120,063	
15 Fundraising (from line 44, column (D))	15	56,664	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	807,340	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-42,899	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,200,090	
20 Other changes in net assets or fund balances (attach explanation)	20	-23,185	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,134,006	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 4 (cash \$ 54,453 non-cash \$)	22 54,453	54,453		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25 10,425	7,297	2,085	1,043
26	Other salaries and wages	26 206,435	198,958	5,977	1,500
27	Pension plan contributions	27			
28	Other employee benefits	28 12,740	9,000	2,500	1,240
29	Payroll taxes	29 21,446	16,000	4,046	1,400
30	Professional fundraising fees	30			
31	Accounting fees	31 6,975	5,000	1,300	675
32	Legal fees	32			
33	Supplies	33 5,428		4,028	1,400
34	Telephone	34 17,697	9,600	6,097	2,000
35	Postage and shipping	35 3,650	1,000	1,500	1,150
36	Occupancy	36 62,867	51,654	9,213	2,000
37	Equipment rental and maintenance	37 43,215	29,037	14,178	
38	Printing and publications	38 10,692			10,692
39	Travel	39 1,127	1,109	18	
40	Conferences, conventions, and meetings	40			
41	Interest	41 10,496	7,350	3,146	
42	Depreciation, depletion, etc. (attach schedule)	42 41,576	35,000	5,500	1,076
43	Other expenses not covered above (itemize) a	43a			
	b See Statement 5	43b 298,118	205,155	60,475	32,488
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 807,340	630,613	120,063	56,664

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ **EDUCATION FOR DISADVANTAGED CHILDREN**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	PROVIDE HOUSING, EDUCATION AND COUNSELING FOR DISADVANTAGED CHILDREN AND TO HELP SUPPORT THEM INTO REENTERING THEIR SCHHOL ENVIRONMENT, ETC (Grants and allocations \$)	630,613
b	 (Grants and allocations \$)	
c	 (Grants and allocations \$)	
d	 (Grants and allocations \$)	
e	Other program services (attach schedule) (Grants and allocations \$)	54,453
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	685,066

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	51,269	45	18,678
46	Savings and temporary cash investments	117,520	46	62,363
47a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b	48c	
49	Grants receivable	13,333	49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule) See Worksheet	51a 27		
b	Less: allowance for doubtful accounts	51b	51c	27
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	57a 1,543,052		
b	Less: accumulated depreciation (attach schedule) See Statement 6	57b 303,229	57c	1,239,823
58	Other assets (describe <input type="checkbox"/>)	355	58	355
59	Total assets (add lines 45 through 58) (must equal line 74)	1,286,597	59	1,321,246
60	Accounts payable and accrued expenses	12,390	60	16,633
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/> See Statement 7)	74,117	65	170,607
66	Total liabilities (add lines 60 through 65)	86,507	66	187,240
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,082,570	67	1,134,006
68	Temporarily restricted	117,520	68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,200,090	73	1,134,006
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,286,597	74	1,321,246

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements ▶	a	764,441	a Total expenses and losses per audited financial statements ▶	a	830,525
b Amounts included on line a but not on line 12, Form 990.			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify):			(4) Other (specify):		
\$			See Stmt 8		
Add amounts on lines (1) through (4) ▶	b		23,185		
			Add amounts on lines (1) through (4) ▶	b	23,185
c Line a minus line b ▶	c	764,441	c Line a minus line b ▶	c	807,340
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):			(2) Other (specify):		
\$			\$		
Add amounts on lines (1) and (2) ▶	d		Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	764,441	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	807,340

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Marta Hartzog 12200 Hancock Road Clermont FL 34711	Exec Director 40	5,040	0	0
Keith Rugh 7835 Ott william Clermont FL 34711	Exec Director 40	5,385	0	0
See attached list		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule-see page 28 of the instructions.

▶ ☐ Yes ☒ No

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GREEN ISLE FOUNDATION, INC.

59-2875235

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Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A 83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A 85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A 85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A 85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed FL		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	16
91	The books are in care of FRAN CASE Located at CLERMONT, FL	Telephone no. 34711 ZIP + 4 34711	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a Program Service Revenue					166,016
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					484
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-8,418
101 Net income or (loss) from special events					13,266
102 Gross profit or (loss) from sales of inventory			2	120,193	
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		120,193	171,348
105 Total (add line 104, columns (B), (D), and (E))					291,541

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Families contribute to the foundation to help provide for child's education and board. This is not a requirement of the program.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer DANNY HANTZOG / Executive Director VP		Date 12/12/05	
Paid Preparer's Use Only	Preparer's signature	M. H. H. / CH	Date 9/14/05	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	HALIDAY, HAIR & HUX, P.A. 400 WEBSTER STREET LEESBURG, FL 34748		Preparer's SSN or PTIN (See Gen Instr. W) 263-82-2819
	EIN	59-1874580		Phone no 352-787-3445

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

GREEN ISLE FOUNDATION, INC.**59-2875235****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** X

- e** Transfer of any part of its income or assets? **2e** X

- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** X

- b** Do you have a section 403(b) annuity plan for your employees? **3b** X

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** X

- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	434,159	398,082	401,963	581,879	1,816,083
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	123,048	26,910	50,325	44,633	244,916
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	456	2,595	6,758	3,581	13,390
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	557,663	427,587	459,046	630,093	2,074,389
24 Line 23 minus line 17	434,615	400,677	408,721	585,460	1,829,473
25 Enter 1% of line 23	5,577	4,276	4,590	6,301	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	36,589
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ 26b	112,205
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶ 26c	1,829,473
d Add: Amounts from column (e) for lines 18 <u>13,390</u> 19 <u>112,205</u>	22 <u> </u> 26b <u>112,205</u>	▶ 26d	125,595
e Public support (line 26c minus line 26d total)		▶ 26e	1,703,878
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	93.1349%

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2003)	(2002)	(2001)	(2000)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:		(2003)	(2002)	(2001)	(2000)	N/A
c Add: Amounts from column (e) for lines:	15 <u> </u> 16 <u> </u>	17 <u> </u> 20 <u> </u>	21 <u> </u>			▶ 27c <u> </u>
d Add: Line 27a total. <u> </u> and line 27b total <u> </u>						▶ 27d <u> </u>
e Public support (line 27c total minus line 27d total)						▶ 27e <u> </u>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)						▶ 27f <u> </u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						▶ 27g <u> </u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						▶ 27h <u> </u> %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Forms
990 / 990-PF**Other Notes and Loans Receivable****2004**

For calendar year 2004, or tax year beginning

5/01/04, and ending**4/30/05**

Name

Employer Identification Number

GREEN ISLE FOUNDATION, INC.**59-2875235****Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) Loan receivable	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		27	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		27	

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2004Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

GREEN ISLE FOUNDATION, INC.Identifying number
59-2875235

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	19,583

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	11,973
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		100,188	5.0	HY	S/L	10,020
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	41,576
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

DAA

There are no amounts for Page 2

GREEN ISLE FOUNDATION, INC.

59-2875235

Form 4562 (2004)

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?		Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)							25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions).									
		%							
		%							
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):									
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):						
43 Amortization of costs that began before your 2004 tax year					43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report					44	

Federal Statements

9/22/2005 6:27 PM

59-2875235

FYE: 4/30/2005

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
KITCHEN EQUIP	Purchase		12/14/89	5/01/04	\$	311	\$ 311	\$
FURNITURE	Purchase		4/22/90	5/01/04		257	257	
FILE CABINET	Purchase		6/05/90	5/01/04		116	116	
PAINT	Purchase		10/11/90	5/01/04		65	65	
MMKT ITEMS	Purchase		11/30/90	5/01/04		750	750	
TRAILER SET UP	Purchase		2/21/91	5/01/04		500	500	
STAFF HOUSING-REMODEL	Purchase		4/18/91	5/01/04		227	227	
ELECTRICAL MATERIALS	Purchase		11/20/91	5/01/04		132	132	
EASTWOOD HOME REPAIR	Purchase		11/02/92	5/01/04		650	650	
IMPROVEMENTS	Purchase		1/04/93	5/01/04		1,076	1,076	
STOVE	Purchase		1/25/93	5/01/04		316	316	
WATER PUMP	Purchase		8/26/93	5/01/04		654	654	
UPTECH COMPUTER	Purchase		1/10/95	5/01/04		1,608	1,608	
PRINTER	Purchase		5/30/95	5/01/04		442	442	
SCHOOL COMPUTERS	Purchase		7/30/96	5/01/04		3,095	3,095	
KITCHEN IMPROVEMENTS	Purchase		11/26/96	5/01/04		4,040	4,040	
95 CHEVY S-10	Purchase		10/23/97	5/01/04		7,692	7,692	
LASERJET 4000	Purchase		12/30/97	5/01/04		1,479	1,479	

Federal Statements

59-2875235

FYE: 4/30/2005

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other
(continued)

Desc									
How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss		
2 DONATED COMPUTERS		6/30/98	5/01/04	\$	\$ 1,430	\$ 1,430	\$		
HILLTOP - FAX MACHINE		8/31/98	5/01/04		350	350			
AUTOMOBILE		2/28/99	5/01/04		19,941	19,941			
1990 JEEP		11/09/99	5/01/04						
INC/TV ANTENA GIRLS COTTAGE		3/09/00	5/01/04		204	85	-119		
FURNITURE - GIRLS COTTAGE		4/13/00	5/01/04		171	100	-71		
FURNITURE - NEW OFFICE		9/02/99	5/01/04		874	583	-291		
40 GAL WATER HEATER		12/20/99	5/01/04		124	77	-47		
DISHWASHER - VALICENTI		5/17/99	5/01/04		380	267	-113		
ICEMAKER		9/16/99	5/01/04		1,685	1,103	-582		
FURNITURE - GIRLS COTTAGE		9/20/99	5/01/04		103	85	-18		
FURNITURE - GIRLS COTTAGE		9/27/99	5/01/04		2,040	1,335	-705		
FURNITURE - GIRLS COTTAGE		9/27/99	5/01/04		120	79	-41		
FURNITURE - SCHOOL & OFFICE		10/12/99	5/01/04		100	65	-35		
FURNITURE - GIRLS COTTAGE		10/15/99	5/01/04		1,520	995	-525		
FURNITURE - GIRLS COTTAGE		12/14/99	5/01/04		1,619	1,022	-597		
FURNITURE - GIRLS COTTAGE		12/28/99	5/01/04		240	149	-91		

Federal Statements

59-2875235

FYE: 4/30/2005

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other
(continued)

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
FURNITURE - GIRLS COTTAGE	Purchase			4/20/00	5/01/04	\$	478 \$	273 \$	-205
FURNITURE - GIRLS COTTAGE	Purchase			4/25/00	5/01/04		3,239	1,851	-1,388
REFRIGERATOR - VALECENTI	Purchase			12/14/99	5/01/04		350	221	-129
DRYER - VALECENTI	Purchase			2/10/00	5/01/04		350	213	-137
REFRIGERATOR - VALECENTI	Purchase			2/28/00	5/01/04		442	263	-179
WATER COND - GIRLS COTTAGE	Purchase			4/13/00	5/01/04		903	526	-377
DRYER	Purchase			6/13/00	5/01/04		310	173	-137
MIXER	Purchase			1/31/01	5/01/04		1,495	694	-801
FURNITURE	Purchase			8/01/00	5/01/04		400	214	-186
FURNITURE	Purchase			8/10/00	5/01/04		615	329	-286
COMPUTER	Purchase			4/20/01	5/01/04		1,329	797	-532
2001 VAN	Purchase			11/30/00	10/01/04	14,000	24,823	19,031	8,208
MOWER	Purchase			9/12/00	5/01/04				
HOTPOINT WASHER - DONATED	Purchase			6/25/01	5/01/04				
HOTPOINT DRYER - DONATED	Purchase			6/25/01	5/01/04				
FAX/COPIER - DONATED	Purchase			6/25/01	5/01/04				
USED WASHER - DONATED	Purchase			4/08/02	5/01/04				

Federal Statements

59-2875235

FYE: 4/30/2005

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other
(continued)

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
USED DRYER - DONATED			4/08/02	5/01/04	\$	\$		\$
99 Chev PK Blue	Purchase		5/01/03	5/01/04		11,292	2,258	-9,034
Total					\$ 14,000	\$ 100,337	\$ 77,919	\$ -8,418

59-2875235

Federal Statements

FYE: 4/30/2005

Statement 2 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
Thrift Shop	\$ 99,138	\$	\$ 99,138
Metal and Wheels	21,055		21,055
Total	<u>\$ 120,193</u>	<u>\$ 0</u>	<u>\$ 120,193</u>

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Oth Amts Included on Financial Stmts Not on Return	\$ -23,185
Total	<u>\$ -23,185</u>

59-2875235

FYE: 4/30/2005

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Class of Activity	Book Value	BV Explantn	FMV Explantn
Cross Roads Counseling			\$	17,000	\$				
Hands to the World				37,453					
Total			\$	54,453	\$		0	\$	0

59-2875235

Federal Statements

FYE: 4/30/2005

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Contract Services	107,522	87,131	18,391	2,000
Food Costs	5,261	5,261		
Insurance	46,161	35,000	9,161	2,000
Auto Expense	30,742	22,263	5,979	2,500
Miscellaneous	85,981	54,000	25,481	6,500
Advertising	19,488			19,488
Bank Charges	2,963	1,500	1,463	
Total	<u>\$ 298,118</u>	<u>\$ 205,155</u>	<u>\$ 60,475</u>	<u>\$ 32,488</u>

59-2875235

Federal Statements

FYE: 4/30/2005

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
AUTOMOBILES	\$ 63,746	\$ 46,853	\$ 100,188	\$
FURNITURE AND FIXTURES	11,519	7,075		
MACHINERY AND EQUIPMENT	56,636	46,566	41,019	
BUILDINGS	922,025	197,877	1,001,280	
Total	<u>\$ 1,053,926</u>	<u>\$ 298,371</u>	<u>\$ 1,142,487</u>	<u>\$ 0</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Note Payable Thrift Store	\$ 74,117	\$ 71,171
Note Payable Vehicles		99,436
Total	<u>\$ 74,117</u>	<u>\$ 170,607</u>

59-2875235

Federal Statements

FYE: 4/30/2005

Statement 8 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

<u>Description</u>	<u>Amount</u>
Depreciation	\$ 21,823
Loss on disposal of assets	1,362
Total	<u>\$ 23,185</u>

**Green Isle Foundation, Inc.
Green Isle Children's Ranch**

Board of Trustees - 2004-2005

**Dr. Donald S. Brown
Founding Director
Veterinarian and
D. Brown Associates - St. Cloud, FL**

**6235 Whip-O-Will Lane
St. Cloud, FL 34771
407-891-9207 - home
352-429-4705**

**Dr. Janis Smith, President
Chairman of the Board
President - Hands to the World**

**2874 E. Irlo Bronson Memorial Highway
Kissimmee, FL 34744
407-847-9397 - office**

**Pastor Gary Smith
Chief Operating Officer
Heartland Community Church**

**2874 E. Irlo Bronson Memorial Highway
Kissimmee, FL 34744
407-847-9397 - office**

**Pastor Danny Hartzog
Green Isle Vice President
Heart House Community Church
Executive Director**

**P. O. Box 120486
Clermont, FL 34712
352-243-7505**

**Ms. Julia Law, Esquire
Secretary
Attorney**

**250 S. Main Street
P. O. Box 57
Groveland, FL 34736
352-429-2183**

**Mr. Donald Block
Green Isle Treasurer
Civil Engineer**

**10343 Thompson Place
Clermont, FL 34711
352-394-2590**

**Barry Compton
Trustee
Land Developer**

**1331 Woodcrest Blvd.
Kissimmee, FL 34744
407-846-1186**

**Mr. Bruce Edmundson
Trustee
Clermont Builders Supply**

**P. O. Box 120485
Clermont, FL 34712
352-429-0445 - home
352-429-4341 - office**

**Robert Foster
Trustee
Executive Vice President - Hands to the World**

**2870 Old Canoe Creek Road
St. Cloud, FL 34772
407-892-1016 - home**

**Mr. James Gant
Trustee
Retired Principal - Groveland Elementary School
Lake Shore Realty, Inc.**

**6601 Rose Street
Groveland, FL 34736
352-429-2542 - home
352-394-5581 - office**

**Danny Gassert
Trustee
Plant Supervisor, Sherwin Williams Co.**

**2580 Partin Settlement Rd.
Kissimmee, FL 34744
407-846-2330**

**Green Isle Foundation, Inc.
Green Isle Children's Ranch**

Board of Trustees - 2004-2005

Dr. Michael Link Trustee Physician	264 Oakhurst Circle Kissimmee, FL 34744 407-847-4133
Dr. John W. Lynd Trustee Founder, Edgewood Ranch	212 Baytree Blvd. Tavares, FL 32778 352-253-1924
Dr. Paul Sorchy Trustee Clermont Chiropractic Life Center	1945 Brantley Circle Clermont, FL 34711 352-243-3631 - home 352-394-7577 - office
Harry Swart Trustee C.P.A.	1662 Marina Lake Drive Kissimmee, FL 34744 407-846-4579
Mr. Rick Weber Trustee General Contractor	635 Highway 50, Suite C Clermont, FL 34711 352-394-4233 - home 352-394-5364 - office
Dr. John Wilker Trustee Physician	2816 Florence Drive Kissimmee, FL 34744 407-870-0159
Scott Wynn, Esquire Trustee Attorney	304 E. Broad Street Groveland, FL 34736 352-429-2185 - office

10/14/04

Form **8868**
(Rev. December 2004)Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury,
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)**Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	GREEN ISLE FOUNDATION, INC.	59-2875235
	Number, street, and room or suite no. If a P.O. box, see instructions. 1375 COUNTY ROAD 565A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLERMONT FL 34711	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Fran Wallace**

Telephone No. ▶ **352-429-4341**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **12/15/05** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or _____
- ▶ ☒ tax year beginning **5/01/04** and ending **4/30/05**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

\$

\$

\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)